2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23726

FILED Apr 17, 2009 Secretary of State

Entity Name: TAHITI BEACH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6500 PRADO BOULEVARD

CORAL GABLES, FL 33143 US

16 TAHITI BEACH ISLAND ROAD

CORAL GABLES, FL 33143 US

Current Mailing Address: New Mailing Address:

6500 PRADO BOULEVARD
CORAL GABLES, FL 33143
US
C/O EXCEL MANAGEMENT
2510 NW 97 AVENUE #200
DORAL, FL 33172
US

FEI Number: 65-0036004 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FANDINO-CAPIN, BARBARA
C/O EXCEL MGMT.
2510 NW 97 AVE. STE. 200
MIAMI, FL 33172 US

FANDIÑO-CAPIN, BARBARA CAM
C/O EXCEL MGMT.
2510 NW 97 AVE. STE. 200
MIAMI, FL 33172 US

MIAMI, FL 33172 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BARBARA FANDIÑO-CAPIN 04/17/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: VP () Delete Title: P (X) Change () Addition

 Name:
 ERTEL, DAVID
 Name:
 SPIEGEL, ELSIE

 Address:
 6500 PRADO BOULEVARD
 Address:
 2510 NW 97 AVENUE #200

 City-St-Zip:
 CORAL GABLES, FL 33143 US
 City-St-Zip:
 DORAL, FL 33172 US

Title: S () Delete Title: VP (X) Change () Addition

 Name:
 MITTENTAG, PAUL
 Name:
 MITTENTAG, PAUL

 Address:
 6500 PRADO BLVD
 Address:
 2510 NW 97 AVENUE #200

City-St-Zip: CORAL GABLES, FL 33143 US City-St-Zip: DORAL, FL 33172 US

 Title:
 P () Delete
 Title:
 T (X) Change () Addition

 Name:
 HARTZ, CHARLES M
 Name:
 RODRIGUEZ, ROBERT

Address: 6500 PRADO BLVD Address: 2510 NW 97 AVENUE #200
City-St-Zip: CORAL GABLES, FL 33143 US City-St-Zip: DORAL, FL 33172 US

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 SOCOL, SHARON
 Name:
 BERKOWITZ, BRUCE

 Address:
 6500 PRADO BLVD
 Address:
 2510 NW 97 AVENUE #200

 City-St-Zip:
 CORAL GABLES, FL 33143 US
 City-St-Zip:
 DORAL, FL 33172 US

Title: T () Delete Title: D (X) Change () Addition

 Name:
 SPIEGEL, ELSIE
 Name:
 MARGOLIS, JAMES

 Address:
 6500 PRADO BOULEVARD
 Address:
 2510 NW 97 AVENUE #200

 City-St-Zip:
 CORAL GABLES, FL 33143 US
 City-St-Zip:
 DORAL, FL 33172 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA FANDIÑO-CAPIN MGR 04/17/2009